

IMMUNIZATION REGISTER
AND OTHER MEDICAL DATA
(SEE AR 40-210)

NAME (LAST, FIRST, MID. INITIAL) Gardner, Jack H.	ASN O 520497
---	------------------------

DATE OF BIRTH 7 July 21	RACE W	BLOOD GROUP O	MED. OFF.
-----------------------------------	------------------	-------------------------	-----------

SMALLPOX VACCINE

DATE	TYPE OF REACTION	MED. OFF.
1-29-43	Immun	
2-19-44	Immun	
4-12-45		2/28

TRIPLE TYPHOID VACCINE

TYPHUS VACCINE

DATES EACH DOSE	MED. OFF.	DATES EACH DOSE	MED. OFF.
2-8-43 Comp		2-8-43 Comp	
2-19-44 Stim		9-14-43 Stim	
4-24-45 Stim	2/28	3-10-44 Stim	
		8-31-44 Stim	
		4-12-45 Stim	2/28

TETANUS TOXOID

CHOLERA VACCINE

DATES EACH DOSE	MED. OFF.	DATES EACH DOSE	MED. OFF.
2-8-43 Comp		3-10-44 Stim	
2-19-44 Stim		8-21-44 Stim	
8-31-44 Stim	2/28	4-12-45 Stim	2/28

YELLOW FEVER VACCINE

DATE	LOT No.	MED. OFF.
1-9-42		
3-10-44		2/28

W. D. A. G. O.
FORM 8-117
15 AUGUST 1944

THIS FORM SUPERSEDES M. D. FORM 81, 23 SEPTEMBER 1942, WHICH WILL NOT BE USED AFTER RECEIPT OF THIS REVISION.

16-42494-1

OTHER IMMUNIZATIONS

TYPE	DATE	LOT NO.	AMOUNT	MED. OFF.
Plague	1-4-45	1-13-45	Comp	<i>[Signature]</i>
INFLUENZA	OCT 5	1945		<i>[Signature]</i>

SPECTACLES

PLACE OF REFRACTION			DATE		GLASSES REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>	
V. A. WITH GLASSES			V. A. WITHOUT GLASSES			
OD	OS	OU	OD	OS	OU	
SPHERE		CYLINDER	AXIS	PRISM	DEC. IN.	
OD.						
OS.						
ADD.						
BIFOCAL SEGMENT			FRAME			
HEIGHT	INSET	P. D.	BRIDGE	EYE SIZE	TEMPLE	
MM.	MM.					
POSITION OF EYEGLASS GAS MASK M-1:			SIZE OF GAS MASK:			
COMMERCIAL TYPE, NO. OF PRS.			EYEGLASS, GAS MASK M-1			
DATE ORDERED		DATE ISSUED		DATE ORDERED		DATE ISSUED

DENTURES

TYPE	*	DATES INSERTED IF MADE IN SERVICE
FULL UPPER		
FULL LOWER		
PARTIAL UPPER		
PARTIAL LOWER		

* CHECK IF PRESENT WHEN INDUCTED OR ORDERED TO ACTIVE DUTY

DRUG OR SERUM SENSITIVITY

DRUG OR SERUM	
DATE OF REACTION	
TYPE OF REACTION	
SEVERITY	MED. OFF.

REMARKS:

HUGH V. HARTLEY
Major, Air Corps,
Dir., Pers & Adm Services